

# **EXHIBIT 9**

## CERTIFICATION OF VITAL RECORD

## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

STATE FILE NUMBER		CERTIFICATE OF DEATH		3200836002842	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Surname)	
HENRIETTA				HICKS	
4. DATE OF BIRTH 07/17/1924 5. AGE 83 6. SEX F					
7. DATE OF DEATH 03/13/2008 8. HOUR 1240					
9. PLACE OF DEATH 1240					
10. SOCIAL SECURITY NUMBER 493-20-1085 11. EVER IN U.S. ARMED FORCES YES NO X UNK					
12. MARITAL STATUS (at time of death) WIDOWED 13. DECEASED'S RACE CAUCASIAN					
14. KIND OF BUSINESS OR INDUSTRY (e.g., primary work, retail, construction, industry, agency, etc.) 15. YEARS IN OCCUPATION 63					
16. DECEASED'S RESIDENCE (street and number) 10743 CLAREMONT AVE. 17. CITY BLOOMINGTON 18. COUNTY/SAN BERNARDINO 19. ZIP CODE 92316 20. YEARS IN COUNTY 50 21. STATE/FOREIGN COUNTRY CA					
22. NAME OF SURVIVING SPOUSE - FIRST 23. MIDDLE 24. LAST ( Maiden Name )					
25. NAME OF FATHER - FIRST 26. MIDDLE 27. LAST ( Maiden Name )					
28. NAME OF MOTHER - FIRST 29. MIDDLE 30. LAST ( Maiden Name )					
31. PLACE OF DEATH 32. DATE OF DEATH 03/20/2008 33. PLACE OF FINAL DEPOSITION GREEN ACRES MEMORIAL PARK 11715 CEDAR AVE., BLOOMINGTON, CA 92316					
34. TYPE OF DEPOSITION BURIAL 35. SIGNATURE OF DECEASED NOT EMBALMED 36. LICENSE NUMBER					
37. NAME OF FUNERAL ESTABLISHMENT 38. LICENSE NUMBER 39. SIGNATURE OF LOCAL REGISTRAR 40. DATE 03/20/2008					
41. PLACE OF DEATH 42. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 43. CITY 44. COUNTY 45. ZIP CODE					
46. CAUSE OF DEATH 47. ACUTE NON SINUS TACHYCARDIA ELEVATION 48. MYOCARDIAL INFARCTION 49. SEPSIS, URINARY TRACT INFECTION					
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT TO THE UNDERLYING CAUSE GIVEN IN 47					
51. YEAR OPERATION PERFORMED FOR ANY CONDITION IN ITEM 47 OR 48 (If yes, list year of operation and date)					
52. SIGNATURE AND TITLE OF CERTIFIER 53. SIGNATURE AND TITLE OF CORONER/DEPUTY CORONER					
54. DATE 03/13/2008 55. DATE 03/13/2008 56. DATE 03/13/2008					
57. DATE 03/13/2008 58. DATE 03/13/2008 59. DATE 03/13/2008					
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195. DATE 03/13/2008 196. DATE 03/13/2008 197. DATE 03/13/2008					
198. DATE 03/13/2008 199. DATE 03/13/2008 200. DATE 03/13/2008					

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

DATE ISSUED

Apr 2, 2008

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Margaret M. Reed, MD*

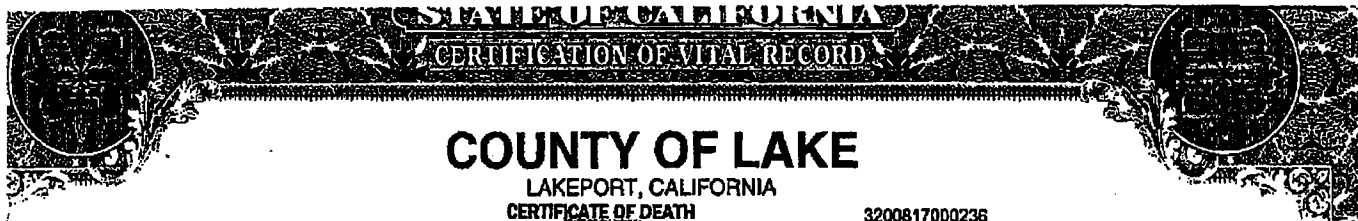
REGISTERED NURSE  
COUNTY HEALTH OFFICER  
SAN BERNARDINO COUNTY, CALIFORNIA



001758026



ANY ALTERATION OF THIS SEAL AVOIDS THIS CERTIFICATE



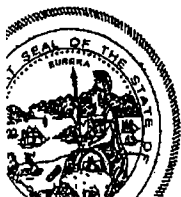
# COUNTY OF LAKE

LAKEPORT, CALIFORNIA

## CERTIFICATE OF DEATH

3200817000236

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED — FIRST (Given)		2. MIDDLE	
JAMES		DANIEL	
3. LAST (Surname)		HAMNER	
4. DATE OF BIRTH (month/day/year)		5. AGE (yrs)	
03/12/1933		75	
6. SEX		7. RACE	
M		WHITE	
8. BIRTH STATE/FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER	
AZ		563-36-3985	
10. EVER IN U.S. ARMED FORCES?		11. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
12. DATE OF DEATH (month/day/year)		13. HOUR (24 hours)	
04/30/2008		2120	
14. EDUCATION (highest level degree)		15. UNDER DECEASED'S DISPOSITION (if yes, see separate entry)	
08		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, farm, construction, employment agency, etc.)	
HEAVY EQUIPMENT OPERATOR		CONSTRUCTION	
18. YEARS OF OCCUPATION		19. YEARS OF RESIDENCE (Street and number or location)	
20		180 CLEARLAKE AVE.	
20. CITY		21. COUNTY/PROVINCE	
LAKEPORT		LAKE	
22. ZIP CODE		23. YEARS IN COUNTY	
95453		52	
24. STATE/FOREIGN COUNTRY		25. DECEASED'S MARITAL STATUS (at time of death)	
CA		MARRIED	
26. DECEASED'S NAME, RELATIONSHIP		27. DECEASED'S BUILDING ADDRESS (street and number or street name, city or town, state, ZIP)	
PAULINE HAMNER, SPOUSE		180 CLEARLAKE AVE., LAKEPORT, CA 95453	
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	
PAULINE		ELIZABETH	
30. LAST (Surname)		31. LAST (Surname)	
BENEFIELD		HAMNER	
32. BIRTH STATE		33. BIRTH STATE	
OK		OK	
34. NAME OF FATHER — FIRST		35. MIDDLE	
THOMAS		EDWARD	
36. LAST (Surname)		37. LAST (Surname)	
JOHNNIE		BARNES	
38. BIRTH STATE		39. BIRTH STATE	
OK		OK	
40. DISPOSITION DATE (month/year)		41. PLACE OF FINAL DISPOSITION	
05/08/2008		RES OF SPOUSE - PAULINE HAMNER 180 CLEARLAKE AVE., LAKEPORT, CA 95453	
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
CHAPEL OF THE LAKES		FD-1336	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE (month/year)	
DOUGLAS W WACKER		05/07/2008	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE	
SUTTER LAKESIDE HOSPITAL		<input type="checkbox"/> IF <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER	
50. CITY		51. IF OTHER THAN HOSPITAL, SPECIFY ONE	
LAKE		LAKEPORT	
52. COUNTY		53. IF OTHER THAN HOSPITAL, SPECIFY ONE	
LAKE		LAKEPORT	
54. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number or location)		55. CITY	
5176 HILL RD. EAST		LAKEPORT	
56. CAUSE OF DEATH		57. DEATH REPORTED TO CORONER?	
I CARDIAC ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
II CORONARY ARTERY DISEASE		58. BODY PERFORMED?	
3 YRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. ALTOP BY PERFORMED?		60. USED IN DETECTIVE CASE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN I		62. THIS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 58 OR 59? (If yes, list type of operation and date.)	
DIABETES MELLITUS / CHRONIC OBSTRUCTIVE PULMONARY DISEASE		NO	
63. SIGNATURE AND TITLE OF CERTIFIER		64. LICENSE NUMBER	
DAVID H BETAT M.D.		G57755	
65. TYPE A TYPE B PHYSICIAN'S NAME, BUILDING ADDRESS, ZIP CODE		66. DATE (month/year)	
DAVID H BETAT M.D. PO BOX 389 4241 CHURCH STREET, KELSEYVILLE, CA 95451		05/07/2008	
67. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		68. INJURED AT WORK?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. HOURS (24 hours)	
71. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		72. HOUR (24 hours)	
73. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		74. SIGNATURE OF CORONER / DEPUTY CORONER	
75. DATE (month/year)		76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
77. SIGNATURE OF CORONER / DEPUTY CORONER		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
79. STATE REGISTRAR		80. FAX AUTH. #	
A B C D E		CENSUS TRACT	



STATE OF CALIFORNIA  
COUNTY OF LAKE

CERTIFIED COPY OF VITAL RECORDS  
MAY - 7 2008  
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\*000089026\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the LAKE COUNTY ASSESSOR - RECORDER.

*Douglas W. Wacker*  
DOUGLAS W. WACKER  
LAKE COUNTY ASSESSOR - RECORDER

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